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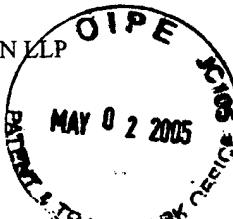
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7590 04/22/2005

Brent E. Vecchia  
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T. J. DELGADO	(Depositor's name)
4/28/05	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/852,217	05/08/2001	Mohammad Abdallah	42390P5193C	3800

TITLE OF INVENTION: EXECUTING PARTIAL-WIDTH PACKED DATA INSTRUCTIONS

05/03/2005 BABRAHA2 00000028 09852217

01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLEMAN, ERIC	2183	712-022000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**INTEL CORPORATION**

**SANTA CLARA, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature EDWIN H. TAYLOR

Date 4/28/2005

Typed or printed name EDWIN H. TAYLOR

Registration No. 25,129

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